

Applicant Name: Premera Blue Cross Blue Shield of Alaska Corp.

NAIC No.: _____

FEIN: _____

**Uniform Certificate of Authority Application (UCAA)
Primary Application**

To the Insurance Commissioner/Director/Superintendent of the State of:

Alabama		Missouri	
Alaska	X	Montana	
Arizona		Nebraska	
Arkansas		Nevada	
California		New Hampshire	
Colorado		New Jersey	
District of Columbia		New Mexico	
Connecticut		New York	
Delaware		North Carolina	
Florida		North Dakota	
Georgia		Ohio	
Hawaii		Oklahoma	
Idaho		Oregon	
Illinois		Pennsylvania	
Indiana		Rhode Island	
Iowa		South Carolina	
Kansas		South Dakota	
Kentucky		Tennessee	
Louisiana		Texas	
Maine		Utah	
Maryland		Vermont	
Massachusetts		Virginia	
Michigan		Washington	
Minnesota		West Virginia	
Mississippi		Wisconsin	
		Wyoming	

(Check the appropriate state to which you are applying.)

The undersigned Insurer hereby certifies that the classes of insurance as indicated on the Lines of Insurance (Form 3) are all lines of business (a) currently authorized for transaction, (b) currently transacting and/or (c) which the Insurer is applying to transact.

Premera Blue Cross for and on behalf of

Name of Insurer: Premera Blue Cross Blue Shield of Alaska Corp.

NAIC # _____ -- _____

Group Code

Home Office Address: 2550 Denali Street, Suite 1404, Anchorage, AK 99503

Administrative Office Address: 7001 220th St. S.W., M.S. 316, Mountlake Terrace, WA 98043-2124

Mailing Address: 7001 220th St. S.W., M.S. 316, Mountlake Terrace, WA 98043-2124

Phone: (425) 670-5411 Fax: (425) 670-5787

Are these addresses the same as those shown on your Annual Statement?

Yes

☐

No

☒

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If not, indicate why. Since this is a new insurer, an Annual Statement has not been completed or filed.

Billing Address: 7001 220th St. S.W., M.S. 316, Mountlake Terrace, WA 98043-2124
E-Mail Address: John.Domeika@Premera.com Phone: (425) 670-5277 Fax: (425) 670-5787

Premium Tax Statement Address: 7001 220th St. S.W., M.S. 350, Mountlake Terrace, WA 98043-2124
E-Mail Address: Larry.Zommick@Premera.com Phone: (425) 670-4312 Fax: (425) 670-5039

Producer Licensing Address: 7001 220th St. S.W., M.S. 326, Mountlake Terrace, WA 98043-2124
E-Mail Address: Heather.Burns@Premera.com Phone: (425) 670-5706 Fax: (425) 670-5539

Rate Filing Address: 7001 220th St. S.W., M.S. 375, Mountlake Terrace, WA 98043-2124
E-Mail Address: David.Braza@Premera.com Phone: (425) 670—5294 Fax: (425) 670-5182

Form Filing Address: 7001 220th St. S.W., M.S. 390, Mountlake Terrace, WA 98043-2124
E-Mail Address: Mike.Bergstraesser@Premera.com Phone: (425) 670-5637 Fax: (425) 670-5853

Consumer Affairs Address: 7001 220th St. S.W., M.S. 123, Mountlake Terrace, WA 98043-2124
E-Mail Address: Barbara.Lees@Premera.com Phone: (425) 670-4645 Fax: (425) 670-5592

Date Incorporated: *Yet to formed* Form of Organization: *Domestic For-Profit Corporation*

State or Country of Domicile: *Alaska* Date Organized: *Yet to be formed.*

Copies of the proposed Articles of Incorporation and Bylaws are attached hereto as Subsection A and B, respectively.

Date of Last Amendment of Charter, Bylaws or Subscriber's Agreement: *Not Applicable*

Date of Last Financial Examination: *Not Applicable*

Date of Last Market Conduct Examination: *Not Applicable*

Par Value of Issued Stock: *\$1.00* Surplus as regards policyholders: \$ *See Subsection 3-B for RBC calculations*

Certificate of Deposit (Home State) \$ *Not applicable*

Ultimate Owner/Holding Company: *New PREMERA Corp., a Washington for-profit corporation to be formed*

Has your company ever been refused admission to this or any other state prior to the date of this application?

Yes ☐ No ☒

If Yes, give full explanation in an attached letter.

The following information is required of the individual who is authorized to represent the applicant before the Department

Name: John P. Domeika

Title: Senior Vice President, General Counsel

Mailing Address 7001 220th St. S.W., M.S. 316, Mountlake Terrace, WA 98043-2124

E-Mail Address: John.Domeika@Premera.com Phone: (425) 670-5277 Fax: (425) 670-5787

If the representative is not employed by the applicant, please provide a company contact person in order to facilitate requests for detailed financial information.

Name _____

Title: _____

Mailing Address _____

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FEIN: _____

E-Mail Address: _____ Phone: _____ Fax: _____

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FEIN: _____

Please provide a listing of all other applications filed by the applicant, or any of its affiliates, that are pending before the Department.

The full name of the three officers must be listed below. The participating states require that the application shall be verified as prescribed by the applicable statutes. All material information submitted shall be verified; otherwise it may be regarded as having no probative value. Two of the three officers listed below must sign the application before a Notary Public as verification of the information submitted.

The undersigned Insurer hereby applies for a Certificate of Authority under the applicable statutes for the state(s) in which it is applying for the classes of insurance checked with an "X" on the attached listing.

Further, the undersigned Insurer hereby certifies that it has corporate powers to transact such classes of insurance, is not in arrears to said State or to any county or city therein for fees, licenses, taxes, assessments, fines or penalties accrued upon business transacted in said State, has complied and will comply with all present and future laws of such State regarding governmental control of such insurance by said State, accepts the Constitution of such State, and believes that it fully complies with all of the requirements and has done all the matters and things necessary to entitle it to receive such Certificate of Authority.

The undersigned, being first duly sworn, deposes and says that he/she is a senior officer having personal knowledge of the application and the information provided therein of Premera Blue Cross Blue Shield of Alaska Corp., the applicant in the accompanying application; that he/she has read Premera Blue Cross Blue Shield of Alaska Corp.'s said application and knows the contents thereof and that same are true of his/her knowledge.

Dated: October 3, 2002 Premera Blue Cross for and on behalf of Premera Blue Cross Blue Shield of Alaska Corp.
(Give full and exact name of Insurer)

_____ President Signature	_____ Assistant Secretary Signature	_____ Treasurer Signature
<u>H.R. Brereton Barlow</u> Printed Name	<u>John P. Domeika</u> Printed Name	<u>Kent S. Marquardt</u> Printed Name

State of Washington)
County of Snohomish)

On October 3, 2002 before me, H.R. Brereton Barlow personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument, the insurer on behalf which the person acted, executed the instrument.

WITNESS my hand and official seal.

[NOTARIAL SEAL]

Signature _____
(Signature of Notary Public)

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State of Washington)

County of Snohomish)

On October 3, 2002 before me, John P. Domeika personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument, the insurer on behalf which the person acted, executed the instrument.

WITNESS my hand and official seal.

[NOTARIAL SEAL]

Signature _____
(Signature of Notary Public)

State of Washington)

County of Snohomish)

On October 3, 2002 before me, Kent S. Marquardt personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument, the insurer on behalf which the person acted, executed the instrument.

WITNESS my hand and official seal.

[NOTARIAL SEAL]

Signature _____
(Signature of Notary Public)